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MAR 07 2005

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27189 7590 01/27/2005

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| |
|---------------------------------|
| Shari Herron (Depositor's name) |
| <i>Shari Herron</i> (Signature) |
| 3/3/05 (Date) |

03/08/2005 CNGUYEN1 00000012 10772861

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/772,861 | 02/06/2004 | Gregory K. Feld | | 6529 |

TITLE OF INVENTION: PREFORMED CATHETER SET FOR USE WITH A LINEAR ABLATION SYSTEM TO PRODUCE ABLATION LINES IN THE LEFT AND RIGHT ATRIUM FOR TREATMENT OF ATRIAL FIBRILLATION

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|--------------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 04/27/2005 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| PEFFLEY, MICHAEL F | 3739 | 606-041000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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& Savitch

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medwaves, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Diego, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name **Stephen C. Beuerle**

Date

Registration No. **38,380**

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